Page 1 of 2

COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION

As a below named

Anventor, I hereby declare that:

post office address and citizenship are as stated below next to my name:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names area listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEMS AND METHODS FOR COLLECTING LEUKOCYTE REDUCED BLOOD

COMPONENTS, INCLUDING PLASMA THAT IS FREE OR VIRTUALLY FREE OF CELLULAR BLOOD SPECIES the specification of which

(check one)	[]	is attached hereto.		
	[X]	was filed onMarch 27, 2001	as	
		Application Serial No. 09/818,486		
		and was amended onn/a		
		(if applicable)		

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Fore	eign Application(s)	<u>!</u>	Priority	<u>Claimed</u>
(Number)	(Country)	(Day/Month/Year Filed)	YES	NO
(Number)	(Country)	(Day/Month/Year Filed)	YES	NO
(Number)	(Country)	(Day/Month/Year Filed)	YES	NO
I hereby a applicatio therewith:	ppoint the following n and to transact all	attorney(s) and/or agent(s) business in the Patent and	to pros I Tradema	ecute this rk Office connected
there is the	Michael C. May	0	Req. No	. 38,545
	Daniel D. Ryan		Reg. No	00.010
	Bradford R. L.	Price	Reg. No	29,101
		well .		32,094

i ii ii ii	4	JUN 2 9 2001 PE JOE 23
Address	all	telephone calls Indiana

Michael	С.	Mayo
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At telephone no	(847) 270-282	26	
Address all corres	spondence to	BAXTER HEALTHCARE CORPORATION	
Route 120 & Wil	son Road, Round	Lake, Illinois 60002	

COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor	}Inventor's Signature	}Date }
Daniel Lynn	}	}}
)Residence	}Citizenship)
Spring Grove, Illinois 60081	} United Stat	es }
Post Office Address)
9107 Alamonte Drive,		
Full Name of Second Joint Inventor, if a Phillippe Van Heems	Inventor's Signature x	}DATE } 21/05/2001
Residence	}Citizenship	7 7
LaChatre France	} France	ĵ
Post Office Address		,
6, Place de l'Abbaye, F-36400		.5
Full Name of Third Joint Inventor, if an	y }Inventor's Signature)DATE
Tat Mui	})
Residence	}Citizenship	
Chicago, Illinois 60660) United State	es
Post Office Address		
1463 Victoria		·
Full Name of Fourth Joint Inventor, if a	any)Inventor's Signature	}DATE
} Jean-Claude Bernes	}	}
}Residence	}Citizenship	•
} Faimes, Belgium	Belgian	
Post Office Address		
Rue de la Vallee, 8, B4317		
Full Name of Fifth Joint Inventor, if ar	ny }Inventor's Signature	}DATE
Robert De Vos		}
}Residence	}Citizenship	•
Lillois-Witterzee, Belgium) Belgian	
Post Office Address		
Av. Du.Sabotier, 27, B1428		
Full Name of Sixth Joint Inventor, if ar	ny }Inventor's Signature	}DATE
} Jean-Marie Mathias		_}
)Residence	}Citizenship	
} Lillois, Belgium	} Belgian	
<pre>}Post Office Address</pre>		;
Avenue du Tonnelieer, 46, B1428		

Priority Claimed

Docket No. COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION

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		•		
			YES	NO
(Number)	(Country)	(Day/Month/Year Filed)		
			YES	NO
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			YES	NO
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I hereby a application therewith:	n and to transact all	attorney(s) and/or agent(s) business in the Patent and) to prose d Tradema	ecute this rk Office connected
therewith:	Michael C. Mayo		Reg. No	38,545
	Daniel D. Ryan		Reg. No	29,243
	Bradford R. L.	Price	Reg. No.	29,101
	Amy L. H. Rock	vell	Reg. No	32,094

Prior Foreign Application(s)

Address all telephone calls toMichael C. Mayo	<u>,</u>
At telephone no. (847) 270-2826	
Address all correspondence toBAXTER HEALTHCARE CORPORATION	_ •
Route 120 & Wilson Road, Round Lake, Illinois 60002	, •

COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION

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Full Name of Sole or First Inventor)Inventor/s/Signature	}Date }
Daniel Lynn	1 6	15/16/0/
)Residence	/ }Citizenship	,
Spring Grove, Illinois 60081	} United Sta	tes }
Post Office Address		}
1 9107 Alamonte Drive		}
Full Name of Second Joint Inventor, if a	ny}Inventor's Signature	}DATE }
Phillippe Van Heems	}	_}
}Residence	}Citizenship	ļ
LaChatre France) France	
Post Office Address	·	ļ
6, Place de l'Abbaye, F-36400		20475
)Full Name of Third Joint Inventor, if an	y Inventor's Signature	}DATE)
} Tat Mui	101	103.10-01
)Residence	}Citizenship } United Stat	30
) Chicago, Illinois 60660	y United Stat	es
Post Office Address		j
1463 Victoria		NOATE)
Full Name of Fourth Joint Inventor, if a	ny)Inventor's Signature	DATE)
) Jean-Claude Bernes		
)Residence	<pre>}Citizenship } Belgian</pre>	ļ
} Faimes, Belgium) beigian	
)Post Office Address		· ·
Rue de la Vallee, 8, B4317		
Full Name of Fifth Joint Inventor, if an	y {Inventor's Signature] DATE
} Robert De Vos) (:+:	
)Residence	<pre>)Citizenship } Belgian</pre>) 1
} Lillois-Witterzee, Belgium	} Deigian	
)Post Office Address		4
) Av. Du. Sabotier, 27, B1428) Inventorio Cianatura	}DATE
Full Name of Sixth Joint Inventor, if an	y finventor's signature	JUAIL J
] Jean-Marie Mathias)Citizonchin	
)Residence	}Citizenship } Belgian	. {
} Lillois, Belgium) Dergran	
)Post Office Address		,
Avenue du Tonnelieer, 46, B1428		

Docket No. F-5235 IP DIV CIP2

COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION

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		Application Serial No	09/818,486	,
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(Number)	(Country)	(Day/Month/Year Filed)	YES	NO	
(Number)	(Country)	(Day/Month/Year Filed)	YES	NO	
(Number)	(Country)	(Day/Month/Year Filed)	YES	NO	
I hereby a applicatio therewith:	I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected				
therewith.	Michael C. May)	Req. No.	38,545	
	Daniel D. Ryan		Reg. No.	29,243	
	Bradford R. L. Price			29,101	
	Amy L. H. Rockwell			32,094	

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Route 120 & Wilson Road, Round Lake, Illinois 60002	

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)Data
Full Name of Sole or First Inventor	Inventor's Signature	}Date
} Daniel Lynn) Citizanahin	
)Residence	}Citizenship	
Spring Grove, Illinois 60081	} United Stat	es
)Post Office Address		:
3 9107 Alamonte Drive	N	}DATE
Full Name of Second Joint Inventor, if an	y) inventor's Signature	JUNIE
Phillippe Van Heems) Citizanahin	
)Residence	<pre>}Citizenship }France</pre>	
} LaChatre France	France	
Post Office Address		
6, Place de l'Abbaye, F-36400) Investoule Cianature)DATE
Full Name of Third Joint Inventor, if any	Inventor's signature	JUNIE .
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)Residence	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	·s
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Post Office Address		:
} 1463 Victoria		
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Full Name of Fourth Joint Inventor, if an	y Inventor's Signature)DATE
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<pre> Jean-Claude Bernes }Residence </pre>)Citizenship	
<pre> Jean-Claude Bernes }Residence } Faimes, Belgium</pre>	X X V Scu	
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<pre> Jean-Claude Bernes }Residence } Faimes, Belgium }Post Office Address } Rue de la Vallee, 8, B4317</pre>	Citizenship Belgian	}28MA12001
<pre> } Jean-Claude Bernes }Residence } Faimes, Belgium }Post Office Address } Rue de la Vallee, 8, B4317 }Full Name of Fifth Joint Inventor, if any</pre>	Citizenship Belgian	}28MA12001
<pre> Jean-Claude Bernes }Residence } Faimes, Belgium }Post Office Address } Rue de la Vallee, 8, B4317 }Full Name of Fifth Joint Inventor, if any } Robert De Vos </pre>) Inventor's Signature	
<pre> } Jean-Claude Bernes }Residence } Faimes, Belgium }Post Office Address } Rue de la Vallee, 8, B4317 }Full Name of Fifth Joint Inventor, if any } Robert De Vos }Residence</pre>	Citizenship Belgian Inventor's Signature Citizenship	}28MA12001
<pre> } Jean-Claude Bernes }Residence } Faimes, Belgium }Post Office Address } Rue de la Vallee, 8, B4317 }Full Name of Fifth Joint Inventor, if any } Robert De Vos }Residence } Lillois-Witterzee, Belgium</pre>) Inventor's Signature	}28MA12001
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